IRS

HCTC
Health Coverage Tax Credit

Stay covered.

my HCTC Program Kit

The Health Coverage Tax Credit (HCTC) pays 80% of your health insurance premiums—making health insurance more affordable for *you* and *your family.*

A tax credit like the HCTC can be a huge help to your monthly budget and provide continued coverage.

This credit is offered on a monthly basis. You can start saving now, when you need it, not just at the end of the year.

Once registered for the monthly tax credit you'll pay 20%, we'll add 80%, and then we'll send the **full 100%** of the premium to your health plan for you. And if you've already paid premiums since you became eligible, you can receive the tax credit for those payments.

Get started now—this Program Kit will help you determine if you are eligible. Eligible individuals can register in just five steps.

You have been ***provided*** the Health Coverage Tax Credit Program Kit because you or a family member:

» Receive a benefit from the Pension Benefit Guaranty Corporation (PBGC)

» Receive a benefit through one of the Trade Adjustment Assistance (TAA) programs

The HCTC has already helped thousands of Americans like you save money on insurance premiums each month. We recognize that you're dealing with many issues right now and we believe this program can make a real difference. As an added benefit, you can request reimbursement for premiums paid while you were eligible for, and enrolling in the HCTC Program.

Begin saving today. Take advantage of this tax credit by determining your eligibility and ***completing the Registration Form as soon as possible.*** To make the process even quicker, we've included a list of documents and information that you will need when registering. If you need assistance at any point in the process, call the HCTC Customer Contact Center toll-free at 1-866-628-HCTC (4282). For those with a hearing impairment, call 1-866-626-4282 (TTY).

For more information about the HCTC, visit **www.irs.gov** and search for "HCTC."

"When I lost my job, I lost my health insurance, too. The HCTC Program gave me *options* to find a new plan and get the credit to help *cover* the costs."

Eligibility Workbook

STEP 1 Candidate requirements

Meet your candidate requirements for the HCTC.

STEP 2 General requirements

Meet your general requirements for the HCTC.

STEP 3 Health plan requirements

Determine if your health plan qualifies for this tax credit or if you can get a qualified health plan.

Determine your ***eligibility*** and register in just five easy steps.

Checking your eligibility and registering for the HCTC is a five step process that takes you from determining if you and your family members are eligible through registration.

This Program Kit is both a Workbook and a tear-out Registration Form for you to mail in.

Quick Tips:

- The phone numbers needed most often for Workbook questions are all listed on page 30 of this Program Kit.
- Your health insurance bill will be helpful for completing the five steps.

Registration

STEP 4 Family member requirements

Determine if your family members are eligible.

STEP 5 Monthly or yearly tax credit and reimbursement forms

Decide if the monthly or yearly credit is right for you. If you've already paid insurance premium bills and you qualify for reimbursement, you can request the tax credit for those payments.

"*I've* been worried about how I'm going to pay my bills. But I'm ***eligible*** for the HCTC and the credit is going to be a big help with *my family's* health insurance costs."

1 Candidate requirements

You need to meet specific requirements to receive the HCTC.
Check which of the following statements is true.

Quick Tip:

Use the Glossary on page 27 to learn more about the programs mentioned in this Program Kit.

A Please check the box that applies to you:

- ☐ I am a PBGC payee and am 55 years old or older.
- ☐ I am a Trade Adjustment Assistance (TAA) recipient ***and*** receive a Trade Readjustment Allowance (TRA) or unemployment insurance.
- ☐ I am an Alternative TAA (ATAA) or Reemployment TAA (RTAA) recipient*.
- ☐ I am a qualified family member of an individual who fell under one of the categories listed above at the time of an event such as death, divorce, or Medicare enrollment.

  If you need more information on qualified family members, please refer to the Glossary on page 28.
- ☐ None of these apply to me.

  If none of these statements apply to you, then you may not be eligible for the HCTC at this time. If you are unsure of your status, please call the HCTC Customer Contact Center at 1-866-628-HCTC (4282) for assistance.

** Please review this Program Kit and call the HCTC Customer Contact Center at 1-866-628-HCTC (4282) to register for the tax credit.*

2 General requirements

You also need to meet general requirements to receive the HCTC. Answer the following questions to determine your eligibility.

A Are you enrolled in Medicare?

Note: Generally, you enroll in Medicare when you turn 65.

- ☐ Yes — Unfortunately, this means you are not eligible for the HCTC, but your family members could be. See page 10 to determine if your family members are eligible. If so, call the HCTC Customer Contact Center at 1-866-628-HCTC (4282) to request an HCTC Family Member Registration Form.
- ☐ No — Please continue to the next Question.

B Are you enrolled in any of the following plans?

- » U.S. military health system (TRICARE)
- » Medicaid
- » Children's Health Insurance Program (CHIP)
- » Federal Employees Health Benefits Program (FEHBP)

- ☐ Yes — Unfortunately, this means you are not eligible for the HCTC. Please stop. *If you are interested in changing plans in order to get the HCTC, please go to page 9.*
- ☐ No — My health plan is not included in this list. Please continue to the next Question.

Note: TRICARE does not include health benefits or services through the Department of Veterans Affairs.

C Are you receiving the 65% COBRA Premium Reduction?

- ☐ Yes — You cannot receive both the 65% COBRA Premium Reduction and the 80% HCTC for the same month. If your COBRA Premium Reduction eligibility (typically nine months) has expired, check "No" below and proceed to the next Question.

  You may switch from the COBRA Premium Reduction to the HCTC. Prior to enrolling in the HCTC Program, contact your former employer to opt out of the COBRA Premium Reduction program, *but do NOT opt out of your COBRA coverage.* Please complete this form once you are no longer enrolled in the COBRA Premium Reduction program.
- ☐ No — Please continue to the next Question.

D Are you in prison?

- ☐ Yes — Unfortunately, this means you are not eligible for the HCTC. Please stop.
- ☐ No — Please continue to the next Question.

E Can someone claim you as a dependent on his or her federal tax return?

Note: You are not a dependent if you file jointly with your spouse. If you're not sure what a dependent is, call the IRS at 1-800-829-1040.

- ☐ Yes — Unfortunately, this means you are not eligible for the HCTC. Please stop.
- ☐ No — Please continue to the next Step.

3 Health plan requirements

The HCTC Program does not provide health coverage. You will need to have, or obtain, health insurance that qualifies for this program. The HCTC will pay for 80% of qualified health plan premiums. The most common types are:

» COBRA » State-qualified health plan » Spousal coverage

The HCTC cannot pay for: 1) health insurance premiums for family members who are not eligible, 2) separate dental and/or vision plans not included in your health plan, or 3) any employer-paid portion of health coverage.

A Do you currently have a health plan?

- ☐ Yes Please continue to the next Question.
- ☐ No Please go to page 9 to find out if you can enroll in a qualified health plan.

B Do you or your spouse have a COBRA health plan?

Note: COBRA is health insurance your former employer offers to you when you leave your job. If you have COBRA coverage, you have signed an "election letter" and are paying out of pocket for your health insurance now.

- ☐ Yes I have COBRA through my former employer or my spouse's former employer. Please continue to the next Question.
- ☐ No Please skip to Question D.

C Do you pay more than 50% of the total cost of your coverage?

- ☐ Yes I pay more than 50% of the cost of coverage. You are eligible for this tax credit. Please skip to page 10. If you are not registering a family member, skip to page 11.
- ☐ No Unfortunately, this means you are not eligible for the HCTC. Please stop. *If you are interested in changing plans in order to get the HCTC, please go to page 9.*

Caution: If you receive a 65% COBRA Premium Reduction through your former employer, you are not eligible to receive the 80% HCTC during the same month.

D Do you have health insurance through your spouse's job?

- ☐ Yes Please continue to the next Question.
- ☐ No Please go to Question F.

Quick Tip:

Unless your spouse's coverage is through a COBRA plan, you are only eligible for the yearly HCTC. Please see page 26 for more info.

3 Health plan requirements

E Does your spouse pay more than 50% of the total premium?

Note: If you need help answering this question, contact the human resources department at your spouse's job. Find out the total cost per month of the health insurance. Look at your spouse's pay stubs and add up how much your spouse pays for the total premium per month with after-tax income.

- ☐ Yes — You are eligible for the *yearly* tax credit. See page 10 to see if your family members also are eligible to be claimed for the yearly HCTC. Skip to page 12 for more information about the yearly credit.
- ☐ No — Unfortunately, this means you are not eligible for the HCTC. Please stop. *If you are interested in changing plans in order to get the HCTC, please go to page 9.*

F Do you have a group health plan through your current employer?

- ☐ Yes — Unfortunately, this means you are not eligible for the HCTC. Please stop. *If you are interested in changing plans in order to get the HCTC, please go to page 9.*
- ☐ No — Please continue to the next Question.

G Do you have a non-group/individual health plan?

A non-group/individual health plan covers one person or family and is purchased directly from an insurance company, agent, or broker.

- ☐ Yes — You are eligible for this tax credit if your health plan meets the requirements listed in the Caution below. Please skip to page 10. If you are not registering a family member, please skip to page 11.
- ☐ No — Please continue to the next Question.

Caution: Having a non-group/individual health plan is rare for the HCTC. In order for this type of plan to qualify for the HCTC, it needs to have taken effect 30 days prior to your last paid day of work. See the Glossary on page 27 for more information about this kind of health plan.

H Do you have a health plan associated with a Voluntary Employees' Beneficiary Association (VEBA) or trust fund that qualifies for the HCTC?

- ☐ Yes — You are eligible for this tax credit. Please skip to page 10. If you are not registering a family member, please skip to page 11.
- ☐ No — Unfortunately, this means you are not eligible for the HCTC. Please stop. *If you are interested in changing plans in order to get the HCTC, please go to page 9.*

Caution: Only certain VEBAs are qualified for the HCTC. If you are unsure if your VEBA qualifies, please call the HCTC Customer Contact Center at 1-866-628-HCTC (4282) for assistance.

3 Health plan requirements » I *do not* have a health plan

You can get the HCTC if you enroll in a qualified health plan. Please answer the questions below to determine if you can enroll in one of the following qualified health plans.

I Is COBRA available to you or your spouse?

COBRA is health insurance your former employer offers to you when you leave your job. Call your former employer's human resources department and ask if you can still get COBRA and for how long.

- ☐ Yes My spouse or I can enroll in COBRA. Please continue to the next Question.
- ☐ No COBRA is not available to me or my spouse. Please skip to Question K.

Note: The length of time HCTC eligible individuals can receive COBRA benefits has been temporarily extended. For more information, please reference the COBRA information found in the Glossary on page 27.

J Can you sign up for COBRA before the expiration date?

- ☐ Yes I can enroll before the COBRA expiration date. Once you sign up for COBRA, you are eligible for HCTC. Please enroll in COBRA now and then skip to page 10 or if you are not registering a family member, skip to page 11.
- ☐ No My COBRA eligibility has already expired or will expire within the month. Please continue to the next Question.

Note: Generally, after you leave a job, you have 60 days to enroll in COBRA. When you qualify for Trade Adjustment Assistance (TAA), you may have a second chance to elect to receive COBRA benefits. If you are within the 60-day period or believe that you are eligible for this second election period, contact your former employer.

K Are state-qualified health plans available in your state?

- ☐ Yes Please call the customer service number for the state-qualified health plan you want to enroll in*. Once enrolled in this health plan, please skip to page 10 or if you are not registering a family member, skip to page 11.
- ☐ No There are no state-qualified plans available in my state. Please continue to the next Question.

** If your state has state-qualified health plans available, they should be listed on the second page of the letter included with this Kit. You can also go to **www.irs.gov** and search for "HCTC." Click on the link titled "HCTC: List of State Qualified Health Plans."*

L Can you enroll in group coverage through your spouse's employer?

- ☐ Yes Please continue to the next Question.
- ☐ No Unfortunately, this means you are not eligible for the HCTC. Please stop.

M Will your spouse pay more than 50% of the cost of the monthly premium?

Note: It's important to check what the after-tax deduction will be from your spouse's paycheck. If your total out-of-pocket expenses with after-tax dollars will be more than 50% of your health plan premium, you are eligible for the tax credit. If you need help answering this question, contact the human resources department at your spouse's job.

- ☐ Yes Our total after-tax out-of-pocket expenses will be more than 50% of our health plan premium if I enroll in my spouse's plan. Enroll in this health plan and skip to page 10 or if you are not registering a family member, skip to page 11.
- ☐ No Unfortunately, this means you are not eligible for the HCTC. Please stop.

4 Family member requirements

Use this page to determine if your family members are eligible for the HCTC. Please answer the questions below for each of your family members. Later, you will certify that they are eligible on page 17 of the Registration Form.

A Please check all of the boxes that apply:

- ☐ My family members are not enrolled in Medicare Part A, B, or C.
- ☐ My family members are not enrolled in Medicaid.
- ☐ My family members are not enrolled in the Children's Health Insurance Program (CHIP).
- ☐ My family members are not enrolled in the Federal Employees Health Benefits Program (FEHBP).
- ☐ My family members are not enrolled in the U.S. military health system (TRICARE).
- ☐ My family members are claimed as dependents on my tax return or I file jointly with my family members.
- ☐ My family members are not in prison.
- ☐ My family members are not receiving a 65% COBRA Premium Reduction through a former employer or COBRA administrator.

If you have checked all of the boxes above for each of your family members, please continue to the next Question.

If you did *not* check all of these boxes for each of your family members, it is an indication that they are not eligible. Please continue to the next page, and do *not* include ineligible family members in your Registration Form.

B Are your family members covered under your health insurance policy?

- ☐ Yes — Your family members are eligible for this tax credit. Please continue to page 11.
- ☐ No — Your family members must also have qualified coverage for the HCTC. Go to page 11 only if your family members meet one of the following conditions:
  - ☐ My family members have COBRA and pay for more than 50% of the total cost of COBRA.
  - ☐ My family members have a state-qualified plan.
  - ☐ My family members have non-group/individual health insurance, which started at least 30 days before I left the job that made me eligible for the HCTC.

If you did *not* check one of the three boxes above, your family members do not have a qualified health plan. Please continue to the next page, and do *not* include them in your Registration Form.

Caution: If your family members have spousal health insurance that is not COBRA, you cannot claim the *monthly* HCTC for those family members. You can, however, get the HCTC as a *yearly* HCTC for your family members on your federal tax return. You can only do this if your family members pay for more than 50% of the cost of the health coverage with after-tax money.

"I'm *eligible*! Which tax credit option is right for me—*monthly* or *yearly*?"

Choosing the *monthly* HCTC

The monthly option helps you pay for health insurance as you go. Once registered, you'll receive a monthly invoice from the HCTC Program for your health insurance premium. You'll pay 20%, we'll add 80%, and then we'll send the **full 100%** of the premium to your health plan for you.

complete the
FORM

Complete and mail the Registration Form. It will be reviewed and if eligible, you will receive a welcome letter and your first invoice.

you'll then
PAY 20%

When you receive your invoice from the HCTC Program for 20% of your health insurance premium, send your payment to the HCTC Program by the due date each month.

the HCTC Program
PAYS 80%

The HCTC Program adds 80% to your payment for a total of 100% of your premium, which will be sent to your health plan.

Please continue to the next page to read about the yearly HCTC.

5 Now that you're eligible

The HCTC is offered as both monthly and yearly options. Different situations will determine which one is right for you.

Review the diagrams for both the monthly and yearly options to help guide your decision.

Choosing the *yearly* HCTC

With the yearly option, you pay your health plan premiums in full and then claim the credit on your tax return. The credit will be refunded or applied as a credit toward your year-end taxes.

keep your records
PAY 100%

You pay 100% of your monthly premium to your health plan. Make sure you keep records of all payments.

claim your
PAYMENTS

Submit your federal tax return and IRS Form 8885. You will need to include records of your premium payments.

receive the HCTC
80% CREDIT

Once the IRS processes your tax forms, you'll receive 80% of your premium costs as either a tax credit or refund.

If you choose the monthly HCTC, please go to **page 13.**
If you choose the yearly HCTC, please skip to **page 26.**

"I completed my form and sent it off the same day. It feels *great* to have done something that will make such a big difference to *our* monthly budget."

Before you begin the HCTC monthly Registration Form

The Registration Form for the monthly HCTC should take about 30 minutes to complete. You will be asked to fill in information about yourself and qualified family members.

You'll want to use your answers from Steps 1, 2, 3, and 4 and the documents listed on page 15 to help you complete the Registration Form.

Remember, you must fill out the form completely and include all necessary paperwork. Missing information will delay processing.

Begin saving today. ***Complete the Registration Form as soon as possible.***

If you need assistance at any point in the process, call the HCTC Customer Contact Center toll-free at 1-866-628-HCTC (4282). For those with a hearing impairment, call 1-866-626-4282 (TTY).

Registering for the monthly HCTC

Next steps (check each box as you complete the task):

- ☐ **Collect the documents you'll need to submit with your Registration Form. See page 15 for a more detailed checklist.**
- ☐ **Fill out the HCTC Registration Form completely.**
- ☐ **Make a copy of the HCTC Registration Form and all documents for your records.**

Once you complete the HCTC Registration Form:

- ☐ **Mail the Registration Form in the postage-paid envelope included with this Program Kit.**
- » Continue to pay your health insurance bills directly to your health plan until you get your first HCTC invoice and keep records of payments you make during this time.
- » You can submit an HCTC Reimbursement Request Form for these payments and receive the HCTC as a credit on your monthly account (see page 22) or, you can claim the HCTC for these payments on your tax return. See page 26 for a list of records you will need to keep for your federal tax return.

It can take four to six weeks to process your registration. Once your paperwork is processed, you will receive:

- » An HCTC Welcome Letter
- » Your first monthly invoice
- » An HCTC Registration Update Form

Note: If you need help paying for your health insurance before you receive the HCTC, see the information about the National Emergency Grant (NEG) Bridge Program in the Glossary on page 27.

How do I remain eligible for the monthly HCTC?

- » Continue to meet all the requirements in this Program Kit.
- » Send your 20% payment to the HCTC by the due date each month.
- » Monitor your health insurance bills for any changes. If there are changes to your premiums, submit the HCTC Registration Update Form, which is available at **www.irs.gov.** Search for "HCTC Update Form" and click on the link "Additional Resources for Individuals."

Quick Tip:
Review the supporting documents checklist carefully. An incomplete form or missing documents will delay processing.

What happens if I don't send in my payment?

The HCTC Program *will not* send a payment to your health plan if we do not receive your payment on time. If that happens, you will be responsible for paying 100% of your premium directly to your health plan for that month.

Supporting documents checklist

Submit the following documents with your Registration Form:

We understand that we are requesting a lot of documentation from you. Below is a detailed list of what to look for when gathering your documents.

☐ **A copy of your health insurance bill dated within the last 60 days that includes *all* of the following:**

- » Your name
- » Name and phone number of your Health Plan Administrator
- » Monthly premium amount
- » Monthly premium due date
- » Dates of coverage
- » Health plan identification numbers
- » Address for mailing your payments

If applicable, your bill may also need to show the following:

- » Dollar amounts for family members who are not eligible for the HCTC
- » Separate dollar amounts for benefits that the HCTC does not cover (such as separate dental or vision plans)

Usually, your health insurance bill will have all this information on it. ***If it doesn't,*** you will need a letter from your health plan with this information on it. For example, your bill may not show the dollar amount you pay for a family member who is not eligible for the HCTC. You will need to give us a letter or another document from your health plan that lists the dollar amount you pay for that family member.

If you have COBRA, you also must send ONE of these documents:

☐ A copy of your completed and signed COBRA Election Letter (it may also be called a COBRA Enrollment Form, Application Form, Enrollment Application for Continuing Coverage, or Election Agreement).

☐ A letter from your former employer or COBRA administrator stating you have COBRA coverage that includes:

- » Your COBRA start and end dates
- » The name of the health plan
- » Your home address
- » Covered family members, their dates of birth, their relationship to you, and their Social Security Numbers

☐ A copy of the "Notice of Rights to Continue Coverage" and proof you have paid your bill. You can use a cancelled check or a credit card/bank statement dated within the past 60 days as proof.

If you have non-group/individual coverage, you also must send:

☐ A letter or other document from your former employer or your unemployment office that shows the day you left your job, *and*

☐ A document from your health plan that shows your first day of coverage. Remember, your first day of coverage in a non-group/individual health plan must have been at least 30 days before you left the job that made you eligible for PBGC or TAA benefits.

Caution: If we do not receive all the information listed above with your Registration Form, we cannot properly process your form.

Quick Tip:

Be sure to keep a copy of both the front and back of all documents.

Your SSN _____-_____-_____

Your general information

Name (First, Middle Initial, Last, Suffix)			Gender
			☐ Male ☐ Female
Social Security Number (SSN)	**Date of Birth (mm/dd/yyyy)**	**Primary Phone Number**	**Alternate Phone Number**
Mailing Address (Street Number, City, State, ZIP)			
E-mail Address (Optional)			

Confirm eligibility

Please check the box that applies to you to certify that the statement is true:

- ☐ I am a PBGC payee and am 55 years old or older.
- ☐ I am a Trade Adjustment Assistance (TAA) recipient and receive a Trade Readjustment Allowance (TRA) or unemployment insurance.
- ☐ I am an Alternative TAA (ATAA) or Reemployment TAA (RTAA) recipient*.
- ☐ I am a qualified family member of an individual who fell under one of the categories listed above at the time of an event such as death or divorce.**

** You have requirements in addition to those in this Program Kit and are unable to use this form to get the monthly HCTC. Please call the HCTC Customer Contact Center at 1-866-628-HCTC (4282) to register.*

*** If you are registering your family members due to your enrollment in Medicare, do NOT complete this form. Please fill out the separate HCTC Family Member Registration Form sent with this Kit. Or you can call the HCTC Customer Contact Center at 1-866-628-HCTC (4282).*

Please review the statements below. Check the boxes below to certify that all of the following statements are true:

- ☐ I am covered by a qualified health plan for which I paid more than 50% of the premiums.
- ☐ I am not enrolled in Medicare Part A, B, or C.
- ☐ I am not enrolled in Medicaid or the Children's Health Insurance Program (CHIP).
- ☐ I am not enrolled in the Federal Employees Health Benefits Program (FEHBP) or the U.S. military health system (TRICARE).
- ☐ I am not imprisoned under federal, state, or local authority.
- ☐ I am not receiving a 65% COBRA Premium Reduction.
  *(For more information on the COBRA Premium Reduction, please visit: **www.dol.gov/COBRA.**)*
- ☐ I am not claimed as a dependent.

Family members' information

Tell us about your family members. If you have more than four (4) eligible family members, make a copy of this page and then complete it for any additional family members.

_____ Please list the total number of family members (other than yourself) whom you want to register for the HCTC Program.

☐ I certify that each family member listed below fulfills the eligibility requirements listed on page 10.

1

Family Member's Name (First, Middle Initial, Last, Suffix)		Gender
		☐ Male ☐ Female
Social Security Number (SSN)	**Date of Birth (mm/dd/yyyy)**	**Is This Person on Your Health Plan?**
		☐ Yes ☐ No He or she has a separate plan. Please fill out page 19.
Relationship to You		
☐ Spouse ☐ Child ☐ Other		

2

Family Member's Name (First, Middle Initial, Last, Suffix)		Gender
		☐ Male ☐ Female
Social Security Number (SSN)	**Date of Birth (mm/dd/yyyy)**	**Is This Person on Your Health Plan?**
		☐ Yes ☐ No He or she has a separate plan. Please fill out page 19.
Relationship to You		
☐ Spouse ☐ Child ☐ Other		

3

Family Member's Name (First, Middle Initial, Last, Suffix)		Gender
		☐ Male ☐ Female
Social Security Number (SSN)	**Date of Birth (mm/dd/yyyy)**	**Is This Person on Your Health Plan?**
		☐ Yes ☐ No He or she has a separate plan. Please fill out page 19.
Relationship to You		
☐ Spouse ☐ Child ☐ Other		

4

Family Member's Name (First, Middle Initial, Last, Suffix)		Gender
		☐ Male ☐ Female
Social Security Number (SSN)	**Date of Birth (mm/dd/yyyy)**	**Is This Person on Your Health Plan?**
		☐ Yes ☐ No He or she has a separate plan. Please fill out page 19.
Relationship to You		
☐ Spouse ☐ Child ☐ Other		

Your SSN _____-_____-_____

Health plan information

Please fill out the information below, if applicable, so we will know how to process the payments for your health plan each month.

Complete this section for all coverage types:

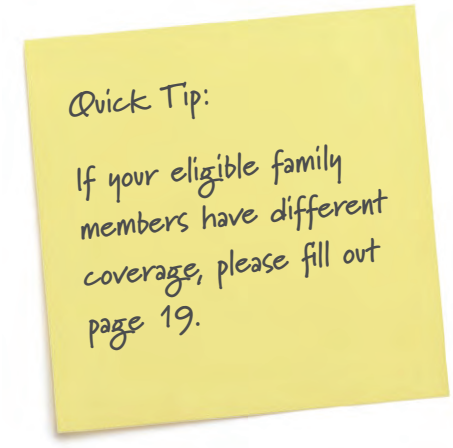
Name of Health Plan		Type of Coverage	
		☐ COBRA ☐ State-qualified ☐ Non-group/individual ☐ VEBA	
Health Plan ID Number	**Member ID**	**Group ID**	**Policy or Plan ID**
Note: If you have spousal health insurance that is not a COBRA plan, stop here. You cannot receive the monthly HCTC for this type of coverage. You can, however, claim the yearly HCTC on your federal tax return.			
Policy Holder's Name (First, Mid. Init., Last, Suffix)		**Policy Holder's SSN**	**Total Monthly Premium**
Total number of people (you and any family members) on this policy:			
Number of family members on this policy who are not eligible for the HCTC:			
Monthly premium amount for family members who are not eligible for the HCTC:			
Portion of monthly premium that covers separate dental/vision benefits:			

Complete this section only if you have COBRA coverage:

Former Employer	Former Employer's HR Phone Number
Start Date for COBRA Coverage (mm/dd/yyyy)	**End Date for COBRA Coverage (mm/dd/yyyy)**
	☐ Check here if this is a lifetime benefit

Complete this section only if you have non-group/ individual coverage:

Employer That Made You Eligible for PBGC or TAA Benefits	
Your Last Paid Day of Work for That Employer	**Start Date of Non-Group/Individual Insurance**



Health plan information for family members on a separate plan

Fill out the information below only if your family members are on a **separate** health plan. If you have more than one (1) family member with a **separate** health plan, make a copy of this page for each additional family member.

Complete this section for any family member who has a different plan:

Name of Health Plan		Type of Coverage	
		☐ COBRA ☐ State-qualified ☐ Non-group/individual ☐ VEBA	
Health Plan ID Number	**Member ID**	**Group ID**	**Policy or Plan ID**
Note: If you have spousal health insurance that is not a COBRA plan, stop here. You cannot receive the monthly HCTC for this type of coverage. You can, however, claim the yearly HCTC on your federal tax return.			
Policy Holder's Name (First, Mid. Init., Last, Suffix)		**Policy Holder's SSN**	**Total Monthly Premium**
Total number of people (you and any family members) on this policy:			
Number of family members on this policy who are not eligible for the HCTC:			
Monthly premium amount for family members who are not eligible for the HCTC:			
Portion of monthly premium that covers separate dental/vision benefits:			

Complete this section only if your family member has COBRA coverage:

Family Member's Former Employer	Former Employer's HR Phone Number
Start Date for COBRA Coverage (mm/dd/yyyy)	**End Date for COBRA Coverage (mm/dd/yyyy)**
	☐ Check here if this is a lifetime benefit

Complete this section only if your family member has non-group/ individual coverage

Employer That Made *You* Eligible for PBGC or TAA Benefits	
***Your* Last Paid Day of Work for That Employer**	**Start Date of *Your Family Member's* Insurance**

Account accessibility

If you would like to allow someone else—for example, your spouse, family member, or other trusted advisor—to have access to your account information, please complete this page. This person, called a **Third-Party-Designee,** will be able to make changes to your account information, as well as ask and answer questions about your personal information.

Third-Party-Designee

Do you want to allow another person to talk with the HCTC Program about your account?

- ☐ Yes Please complete the rest of this page and choose a PIN.
- ☐ No Go to the next page to sign and date the HCTC Registration Form.

Name of Third-Party-Designee (First, Middle Initial, Last, Suffix)	
Primary Phone Number	**Alternate Phone Number**

Personal Identification Number (PIN)

IMPORTANT! You *must* choose a Personal Identification Number (PIN).

When you make someone a Third-Party-Designee, you must choose a PIN. This PIN protects your security like the PIN you use for a bank card. When your Third-Party-Designee calls the HCTC Program, he or she will be asked to give the PIN to get information about your account.

The PIN must be a five-digit *number*. Your Third-Party-Designee can help you choose the PIN so that it is easy to remember. Choose a PIN and write it in the space provided.

Personal Identification Number (PIN)				

Form completion

Review pages 14 and 15 to make sure you have done everything needed for your registration.

You **must** sign and date this form to have your registration for the monthly HCTC Program processed. Sign and date in the space provided below.

Signature

Under penalties of perjury, I declare that the information furnished on this form with regard to myself and to any family members, and any attachments to it, is true, correct, and complete. I understand that a knowingly and willfully false statement on this form can result in my disqualification from the HCTC Program. By signing, I also agree to allow the IRS to share my eligibility status and payment information with my health plan.

_____

Signature

_____

Full Name (Print) Today's Date

Privacy Act and Paperwork Reduction Act Notice

The Privacy Act of 1974 and Paperwork Reduction Act of 1995 require that when we ask you for information we must first tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it and whether your response is voluntary, required to obtain a benefit, or mandatory under the law.

We ask for the information on this form to carry out the Internal Revenue laws of the United States. If you are eligible, section 35 of the Internal Revenue Code allows a credit for payments you made to buy certain types of health coverage during the tax year. Section 7527 lets you authorize your health coverage provider to receive this credit in advance in the form of monthly payments from the Internal Revenue Service.

We use the information you submit to determine if you qualify for the monthly credit of the Health Coverage Tax Credit (HCTC). If you fail to provide the information, or provide inaccurate information, your application may be denied. However, you may still qualify for the HCTC when you file your federal tax return.

The estimated average time to complete this form is 30 minutes. You are required to provide the information requested on a form that is subject to the Paperwork Reduction Act if the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may be material in the administration of any Internal Revenue laws.

Generally, tax returns and return information (tax information) are confidential, as stated in Code section 6103. However, Code section 6103 allows or requires the Internal Revenue Service to disclose or give the information to others as described in the Code. For example, we may give the information provided to us to your health plan administrator for the purposes of the HCTC Program. We may disclose the information you provide to contractors for tax administration purposes. We may also disclose this information to the Department of Justice, to enforce the tax laws, both civil and criminal; to other federal agencies; to states, the District of Columbia, and U.S. commonwealths or possessions in order to carry out their tax laws; and to certain foreign governments under tax treaties they have with the United States.

Please keep a copy of this notice for your records. It may help you if we later ask you for other information. If you have any questions about the rules for filing and giving information, please call the HCTC Customer Contact Center at 1-866-628-HCTC (4282). TDD/TTY callers, please call 1-866-626-4282.

If you have any comments concerning the accuracy of the time estimate to complete this form or suggestions to make this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. DO NOT send the form to this office.

"I just sent in my Registration Form. It's nice to know I can also get *credit* for the premiums I've already paid."

Requesting a Reimbursement Credit

You can request reimbursement for premiums paid for qualified coverage while you were eligible. This reimbursement will be credited to your monthly HCTC account. You can keep this as a credit on your HCTC account to count toward future payments, or you may request to to have it returned to you once your credit has been processed. For each month you are requesting reimbursement, confirm that you 1) met all eligibility requirements for the HCTC for each month requested and 2) made payments directly to a qualified health plan. Complete the following pages of this form to request your reimbursement.

- *For PBGC payees*:* Eligibility for reimbursement begins the month **after** the date printed on your Eligibility Certificate (sent with this Kit).
- *For TAA, ATAA, and RTAA recipients:* Eligibility for reimbursement begins the month of the date printed on your Eligibility Certificate (sent with this Kit).
- *For qualified family members:* If you are registering due to a divorce or the passing of your family member, eligibility for reimbursement begins with the month in which the divorce was finalized or your family member passed away. Only months after January 2010 are eligible.

** To ensure you receive information about the HCTC as quickly as possible, the HCTC Program sends this Program Kit and the Eligibility Certificate as soon as we receive your information from the PBGC, which is prior to the first month for which you can make a reimbursement request.*

Note: If you were eligible for the HCTC and paid for qualified coverage prior to the date on your HCTC Eligibility Certificate, you may be able to receive the HCTC when you file your federal tax return using IRS Form 8885.

HCTC Reimbursement Credit supporting documents checklist

To complete your Reimbursement Request Form, provide for each month requested:

☐ **A copy of your health insurance bills or COBRA payment coupons**

Please make sure your health insurance bill has all of the following information:

- Your name (or name of the policy holder)
- The name of your health plan
- Your monthly premium amount
- Dates of coverage
- Your health plan identification numbers

Note: If your qualified health plan does not provide members with an insurance bill or COBRA payment coupon, you must provide health plan enrollment documents or an official letter from your health plan that has the required information listed above.

☐ **Proof of payment**

Acceptable documents can include:

- Cancelled checks (copy of front and back)
- Bank statements
- Credit card statements
- Money orders

Note: Your proof of payment must indicate the amount paid and to whom it was paid. If you do not have one of these types of proof of payment, contact your health plan for a record of your payments.

Once you complete the Reimbursement Request Form:

- Your reimbursement request will be processed separately from your monthly HCTC registration. It may take additional time to process your reimbursement request. Once your request is approved, you will receive the credit reflected on your monthly HCTC invoice. You may keep this credit on your account to count toward future payments, or you may request to have it returned to you by calling the HCTC Customer Contact Center at 1-866-628-HCTC (4282).
- If we can't approve your Reimbursement Form, you will be notified by mail.
- If you make additional payments to your qualified health plan prior to receiving your first monthly HCTC invoice, you can request another reimbursement. Visit **www.irs.gov** and search for "HCTC Reimbursement Form," then click on the link "Requesting Reimbursement" to download an HCTC Reimbursement Request Form.

Paperwork Reduction Act Notice and Privacy Act Statement

PAPERWORK REDUCTION ACT NOTICE. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Your response is voluntary. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103. The estimated average time to complete this form is 15 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we will be happy to hear from you. You can write to the Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

PRIVACY ACT STATEMENT. The following information is provided to comply with the Privacy Act of 1974 (P.L.93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

If you have any comments concerning the accuracy of the time estimate to complete this form or suggestions to make this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. DO NOT send the form to this office.

Form **14095-A** (January 2010)	Department of the Treasury–Internal Revenue Service **The Health Coverage Tax Credit (HCTC) Reimbursement Request Form**	OMB No. 1545-2152

Name (First, Middle Initial, Last, Suffix)		Social Security Number (SSN)
Mailing Address (Street Number, City, State, ZIP)	**E-mail Address (Optional)**	**Phone Number**

Check the box next to each month during this calendar year for which you are requesting reimbursement*. The following statements must be true on the first day of that month:

- You were a:
  - Trade Adjustment Assistance (TAA), Alternative TAA (ATAA), or Reemployment TAA (RTAA) recipient, *or*
  - Pension Benefit Guaranty Corporation (PBGC) payee, *or*
  - Family member of an individual in one of these categories who is eligible due to a qualifying event such as death or divorce.
- You were covered by a qualified health plan for which you paid the premiums, or portion of the premiums, directly to your health plan.
- You were ***not*** enrolled in Medicare Part A, B, or C.
- You were ***not*** enrolled in Medicaid or the Children's Health Insurance Program (CHIP).
- An employer did ***not*** pay 50% or more of your coverage.
- You were ***not*** enrolled in the Federal Employees Health Benefits Program (FEHBP) or eligible to receive benefits under the U.S. military health system (TRICARE).
- You were ***not*** imprisoned under federal, state, or local authority.
- You did ***not*** receive a 65% COBRA Premium Reduction through a former employer or COBRA administrator.

☐ January	☐ February	☐ March	☐ April	☐ May	☐ June
☐ July	☐ August	☐ September	☐ October	☐ November	☐ December

Please enter the **TOTALS** for **ALL MONTHS** checked above.

1	**Enter the total amount** you paid directly to your qualified health plan (for you and your qualified family members):		
2	**Enter the total amount** you paid for separate dental or vision benefits. These benefits do not qualify for the HCTC (for you and your qualified family members):		
3	**Subtract line 2 from line 1. Enter the total amount:**		
4	**Enter the total amount** you paid for family members who are not qualified for the HCTC:		
5	**Subtract line 4 from line 3. Enter the total amount:**		
6	Determine the amount you are requesting for reimbursement:		
	a. Multiply line 5 by 80% (.80):		
	b. **Enter the total amount:**		
7	**If applicable, enter the total amount of National Emergency Grant (NEG) payments received.** Also, enter the number of months in which you received a NEG payment in Box 7a:	Box 7a	
8	Subtract line 7 from line 6b. This is your total requested reimbursement. **Enter the total amount:**		

** Only months during the current calendar year are eligible for reimbursement requests. If you were eligible for the HCTC and made payments directly to your health plan for months prior to the current calendar year, you may claim these amounts on your federal tax return for that year. If you have already filed your federal tax return for that year, you may amend your tax return to receive the credit.*

Health plan information

Check the box below if your qualified health plan for this reimbursement request is the same as the one listed on page 18 of this form. If it is different, complete the table below.

☐ I certify that my qualified health plan for this request for reimbursement is the same qualified health plan listed on my *monthly* HCTC Registration Form on page 18. **(If not, please complete the following information*.)**

Complete this section for all coverage types:	**Name of Health Plan**		**Type of Coverage**	
			☐ COBRA ☐ State-qualified ☐ Non-group/individual ☐ VEBA	
	Health Plan ID Number	**Member ID**	**Group ID**	**Policy or Plan ID**
	Note: If you have spousal health insurance that is not a COBRA plan, stop here. You cannot receive the monthly HCTC for this type of coverage. You can, however, claim the yearly HCTC on your federal tax return.			
	Policy Holder's Name (First, Mid. Init., Last, Suffix)		**Policy Holder's SSN**	**Total Monthly Premium**
	Total number of people (you and any family members) on this policy:			
	Number of family members on this policy who are not eligible for the HCTC:			
	Monthly premium amount for family members who are not eligible for the HCTC:			
	Portion of monthly premium that covers separate dental/vision benefits:			
Complete this section only if you have COBRA coverage:	**Former Employer**		**Former Employer's HR Phone Number**	
	Start Date for COBRA Coverage (mm/dd/yyyy)		**End Date for COBRA Coverage (mm/dd/yyyy)**	
	☐ Check here if this is a lifetime benefit			
Complete this section only if you have non-group/ individual coverage:	**Employer That Made You Eligible for PBGC Pension or TAA Benefits**		**Employer's Phone Number**	
	Your Last Paid Day of Work for That Employer		**Start Date of Non-Group/Individual Insurance**	

** You are requesting reimbursement for a health plan that is different from the one on page 18 of this form. You must provide documents to show that this plan was qualified. See pages 15 and 23 of this form for the documents you'll need to provide with your reimbursement request.*

Sign and date this section

Under penalties of perjury, I declare that the information furnished on this reimbursement request, and any attachments to it, is true, correct, and complete. I understand that a knowingly and willfully false statement on this form can result in my disqualification from the monthly HCTC Program.

Signature

Full Name (Print) Today's Date

Receiving the yearly HCTC

Next steps (check each box as you complete the task):

- ☐ Continue to meet all the eligibility requirements and have a qualified health plan. If your situation or coverage changes, please check your eligibility again.
- ☐ Pay your health plan premiums in full to your health plan provider throughout the year.
- ☐ Keep records of your payments and health insurance bills.
- ☐ Complete IRS Form 8885 and include it with your federal tax return. This form can be downloaded from **www.irs.gov**.
- ☐ If you are a qualified family member who is eligible for the HCTC due to the death or divorce of a PBGC or TAA recipient, then you will need to first complete a Family Member Eligibility Request Form in order to file for the yearly tax credit. To obtain this form, call the HCTC Customer Contact Center at 1-866-628-HCTC (4282). Eligible PBGC or TAA recipients who have been enrolled in Medicare for less than 24 months, and who wish to claim the HCTC for the premiums of their qualified family members, should also call the number above to establish their eligibility to file for the yearly tax credit.

Recordkeeping:

Keep the following documentation throughout the year:

- ☐ Health insurance policy information
- ☐ All health insurance bills
- ☐ Proof of payments, such as cancelled checks
- ☐ HCTC Program invoices (if at any time you claimed the monthly HCTC)
- ☐ HCTC Program documents or letters

Quick Tip:

For a full listing of all the documents you will need, refer to the instructions found on IRS Form 8885.

What happens if I don't send in the correct documentation?

If you do not meet all the eligibility requirements, or you submit incomplete documentation to the IRS, you will not receive the tax credit.

Caution: If you receive the HCTC and the IRS later determines that you were not eligible to receive the tax credit, you may have to repay the IRS any credit amount you received. Please review the Eligibility Workbook Steps 1, 2, 3, and 4 in this Kit carefully and call the HCTC Customer Contact Center at 1-866-628-HCTC (4282) if you need assistance.

Glossary

Alternative Trade Adjustment Assistance (ATAA) recipient
ATAA recipients:

- » are at least 50 years old,
- » have lost a job at a trade-affected company,
- » have another job where they make less money, and
- » get a wage supplement from their state to make up for their lower income

The ATAA benefit is a wage subsidy designed for workers with hard-to-transfer skills. To be eligible for this Department of Labor (DOL) program, workers must meet certain eligibility criteria.

Note: If you register for the monthly HCTC when you're receiving TAA benefits and then you start receiving ATAA benefits, you must re-register and requalify for the HCTC at that time. All ATAA participants must call the HCTC Customer Contact Center to register for the monthly HCTC.

American Recovery and Reinvestment Act (ARRA)
The American Recovery and Reinvestment Act recently improved the HCTC. All changes made as a result of the ARRA will expire on December 31, 2010, unless they are reauthorized by Congress. For details on the ARRA changes, visit **www.irs.gov** and search for "HCTC."

Children's Health Insurance Program (CHIP)
The Children's Health Insurance Program is administered by the federal Centers for Medicare and Medicaid Services and makes funds available to states that have programs providing health insurance coverage to uninsured children. While each state sets its own guidelines for eligibility and services, CHIP can offer health insurance for children up to age 19 who are not already insured.

Note: If your child has CHIP, he or she is not eligible for the HCTC. You can still be eligible for the HCTC since CHIP only disqualifies your child.

Consolidated Omnibus Budget and Reconciliation Act (COBRA)
COBRA is federal legislation that lets you extend your job-based health coverage if you lose your job or experience other qualifying events that cause you to lose your health insurance. HCTC can pay for COBRA health insurance expenses if the eligible person pays for more than 50% of the cost of coverage. The TAA Health Coverage Improvement Act included in the ARRA temporarily extended COBRA benefits for HCTC-eligible individuals. These individuals can now continue their COBRA coverage through the timeframes listed below (but not beyond December 31, 2010).

- » TAA, ATAA, and RTAA recipients can receive COBRA until Medicare enrollment as long as they are TAA eligible.
- » PBGC payees can receive COBRA until enrollment in Medicare. Qualified PBGC beneficiaries can receive COBRA for an additional 24 months after the death of the primary PBGC payee.

Federal Employees Health Benefits Program (FEHBP)
The FEHBP offers health insurance plans for federal employees, retirees, and their families. You cannot receive the HCTC if your health coverage is through the FEHBP.

Health Coverage Tax Credit (HCTC)
The HCTC is an important benefit that pays 80% of a qualified health plan premium for eligible individuals. The HCTC is a unique tax credit that individuals can receive either as their monthly health plan premium becomes due or as a credit on their federal tax return. The Internal Revenue Service (IRS) administers the HCTC.

Medicaid
Medicaid provides health care coverage for low-income people who can't afford it. State and federal agencies jointly operate the program. Each state decides who is eligible and decides on the scope of health services offered. Individuals can't receive the HCTC when they are a part of the Medicaid program.

Medicare
Medicare is a federal program that pays for certain health care expenses for people age 65 or older or with certain disabilities. Individuals can't receive the HCTC when they are enrolled in Medicare Part A, B, or C.

National Emergency Grant (NEG)
These grants, also called Bridge Grants or Gap-filler funds, provide temporary state-level assistance to help individuals pay their qualified health plan premiums while they are registering for, but have not yet received, the HCTC. The grant ends when an individual receives the first invoice from the HCTC Program.

Non-group/individual health insurance
Non-group/individual health insurance is an individual policy for a single person or family. This coverage is usually provided under a contract purchased through an insurance company, agent, or broker. In order to have the HCTC cover this type of coverage, the non-group/individual plan must have started at least 30 days before the person left the job that made him or her eligible for TAA, ATAA, RTAA or PBGC benefits.

Pension Benefit Guaranty Corporation (PBGC) payees
PBGC payees are receiving PBGC pension payments.

The PBGC insures the pension benefits of workers in some private sector industries. When an employer faces severe financial difficulty, such as bankruptcy, and can't continue paying pensions to its retirees, the employer may request that the PBGC take over the responsibility for paying pension benefits to its retirees. The PBGC decides if it will assume responsibility for the pension plan, which is also known as the PBGC becoming the "trustee" of the pension plan. If the PBGC becomes the trustee of the pension plan, then the PBGC will pay pension benefits under the terms of the plan, subject to legal limits, to plan participants and beneficiaries. PBGC payees can receive their pension benefit as a monthly payment or as a one-time lump sum.

Note: PBGC payees become potentially eligible for the HCTC on the day the PBGC becomes the trustee of their pension plan, even if they do not receive this Program Kit for a few months after that. This means that if the PBGC became the trustee of your pension plan on January 31, and you were enrolled in a qualified health plan, then you could file for the HCTC on your federal tax return starting in January.

Qualified family members
Family members qualify for the HCTC if they meet all general requirements outlined in this kit and have a qualified health plan. Family members can receive the HCTC as dependents of a PBGC payee or TAA, ATAA, or RTAA recipient who participates in the monthly HCTC Program or claims the yearly HCTC on his or her federal tax return.

Starting January 1, 2010, certain events allow family members to receive the HCTC without the participation of the PBGC payee or TAA, ATAA, or RTAA recipient. If the payee or recipient enrolls in Medicare, passes away, or divorces from his or her spouse, family members can receive the HCTC for up to 24 months (or until December 31, 2010) from the date of these events.

Reemployment Trade Adjustment Assistance (RTAA) recipient:
RTAA recipients:

- are at least 50 years old,
- lost a job at a trade-affected company,
- do not require a separate certification of group eligibility,
- may participate in TAA-approved training,
- have another job where they earn less money, and
- receive a wage supplement from their state to make up for their lower income

The RTAA benefit is a wage subsidy designed for workers with hard-to-transfer skills. To be eligible for this Department of Labor (DOL) program, workers must meet certain eligibility criteria.

Note: If you register for the monthly HCTC when you're receiving TAA benefits and then you start receiving RTAA benefits, you must re-register and re-qualify for the HCTC at that time. All RTAA recipients must call the HCTC Customer Contact Center to register for the monthly HCTC.

Spousal coverage
If an eligible individual's spouse has employer-sponsored coverage, and the spouse pays more than 50% of the cost with after-tax dollars, it is considered one of the qualified health plans for the HCTC. *If your spouse's employer deducts the health insurance payment prior to taking out taxes, then you cannot claim the HCTC for that amount.* If the spouse's coverage is COBRA, the individual has the option to enroll in the monthly HCTC; if it is not COBRA, the individual can only claim the yearly HCTC when filing his or her federal tax return. Spousal coverage is NOT qualified for the COBRA extension *(see the definition for COBRA for an explanation of the COBRA extension).*

State-qualified health plan
State-qualified health plans are plans that a state's Department of Insurance (DOI) approves as meeting the requirements of the Trade Act of 2002. Review the list of states with qualified plans at **www.irs.gov** and search for "HCTC State Health Plans," then click on "List of State Qualified Health Plans."

Trade Adjustment Assistance (TAA) recipient
TAA recipients are eligible to receive benefits under the Trade Adjustment Assistance (TAA) for Workers program.

TAA is a benefit for individuals who have lost their jobs because of trade with foreign countries. Employers and unions file a petition with the Department of Labor (DOL) to have their employees TAA-certified. TAA offers an income supplement (called TRA), assistance in skill assessment, job search workshops, job development or referral, and job placement. In addition, workers may be eligible for training, job search allowance, relocation allowance, and other reemployment services.

Trade Readjustment Allowance (TRA)
Trade Adjustment Assistance recipients receive TRA as income support while they participate in full-time training. TAA recipients also can receive TRA when they have a waiver from training because the training is either not appropriate or not available. Recipients start receiving TRA after they use up their initial 26 weeks of unemployment insurance. They can continue to receive TRA for up to 26 weeks, with an additional 26 weeks if they take remedial educational classes as part of their training plan.

TRICARE
TRICARE is the name of the Department of Defense's managed health care program for active duty military, active duty service families, retirees and their families, and other beneficiaries. Under TRICARE, you'll generally have three options for health care: TRICARE Standard, TRICARE Extra, and TRICARE Prime.

HCTC general questions	
How long can I receive this credit?	You can receive the HCTC as long as you continue to meet the eligibility requirements. Remember that once you are eligible for Medicare (typically at age 65), you can no longer receive the HCTC unless you opt out of Medicare. If you are registering for the HCTC because your family member enrolled in Medicare or passed away, or you were divorced, then please see the Glossary on page 28 for the definition of "qualified family members."
Can I receive both the monthly and yearly HCTC?	Yes, in some situations. If you paid 100% of your health insurance premium and were eligible for the HCTC, you can claim the HCTC on your federal tax return. However, you can't receive the yearly HCTC for any amount that you already received as a monthly HCTC.
What happens if I don't have all the required documents when I file my tax return to claim the yearly HCTC?	If you don't have all the required documents, you may not receive the HCTC as a refund or a credit against any taxes you owe.
Can the HCTC pay for health coverage for my family members?	Yes, the HCTC is available for qualified individuals and family members. The HCTC can help pay for the cost of family members on your health care plan, or a separate qualified health plan if both of the following statements are true: 1. I meet all the requirements in Steps 1, 2, and 3; and 2. My family members meet all the requirements in Step 4. Please see the question below for a change to enrollment of qualified family members that will be effective January 1, 2010.
I am enrolled in Medicare. Can my family members continue to receive the HCTC?	Yes. Beginning in January 2010, qualified family members will be able to continue receiving the HCTC for up to 24 months after you experience enrollment in Medicare, divorce, or death. Please see the Glossary on page 28 for the definition of "qualified family members."
Can my family members register even if I'm not eligible?	Family members are able to register for the HCTC due to death, divorce, or Medicare enrollment of a PBGC payee or a TAA, ATAA, or RTAA recipient. You will first need to call the HCTC Customer Contact Center at 1-866-628-HCTC (4282) so that we can send you the registration materials that apply to your situation.
Health coverage questions	
What if my state does not have any state-qualified health plans?	There are many options for health care coverage. You may be able to use another type of qualified health insurance, such as COBRA or spousal health insurance, if your state does not have a state-qualified health plan. Contact your state's Department of Insurance to learn about getting a specific plan qualified for the HCTC.
I don't currently have a health plan. Can I enroll in a qualified health plan?	Yes, you can. Be aware that if you haven't had health coverage for more than two months, then a health insurer can deny coverage, impose special restrictions, or waive these restrictions. As a general rule, it's a good idea when you purchase a new health plan policy to make sure that its coverage starts as your current coverage ends, so there is no lapse in coverage.
My COBRA benefits will be expiring soon; do I need to enroll in a new health plan to receive the HCTC?	No, the American Recovery and Reinvestment Act (ARRA) of 2009 (Section 1899 F) temporarily extended COBRA benefits for HCTC-eligible individuals. You can now continue your COBRA coverage through the timeframes listed below (but not beyond December 31, 2010, unless Congress reauthorizes the ARRA). » TAA, ATAA, and RTAA recipients can receive COBRA as long as they are TAA eligible. » PBGC payees can receive COBRA as a lifetime benefit. Qualified family members of PBGC payees can receive COBRA for an additional 24 months after the death of the primary PBGC payee. Contact your former employer to notify them that you are an HCTC-eligible individual and request to have your COBRA benefits extended.

Payment questions

What can I do if I have trouble paying for my health insurance before I start receiving the HCTC?	The National Emergency Grant (NEG) Bridge Program may be able to help you. Contact the U.S. Department of Labor (DOL) (see below for the phone number) and ask if your state has a NEG Gap-filler Program. You can also access a list of states offering NEG funds at **www.irs.gov;** search for "NEG Funds," then click on "Partners – National Emergency Grant Coordinators."
Can I be reimbursed for payments I made directly to my health plan?	Yes. You can request reimbursement for premiums you paid for qualified coverage while you were eligible for the HCTC Program. If you already made payments directly to your qualified health plan, follow the instructions to request reimbursement or refer to the directions regarding the yearly HCTC and claim those expenses on your federal tax return. You can also download and complete the HCTC Reimbursement Request Form, which is available at **www.irs.gov.** Search for "Reimbursement Request Form," then click on "Requesting Reimbursement."
Where do I send my payments if I do not have a pre-printed envelope?	U.S. Treasury—HCTC P.O. Box 970023 St. Louis, MO 63197-0023
What happens if I receive the HCTC and the IRS later finds that I wasn't eligible to receive the tax credit?	If this happens, you may have to repay the IRS any credit amount you received. Please review the Eligibility Workbook Steps 1, 2, 3, and 4 in this Kit carefully and call the HCTC Customer Contact Center at 1-866-628-HCTC (4282) if you need assistance.

Employment questions

How do I find out if my employer pays 50% or more of my health plan premium?	Call your employer's human resources department and ask for the total cost of a monthly premium and how much the employer pays before your contribution. If the employer pays half or more of the monthly premium, you can't claim the HCTC.
If I become employed, will I stop receiving the credit?	Every situation is unique; however, going back to work does not necessarily prevent you from receiving the credit if you still meet all eligibility requirements.

Have additional questions? Need assistance? These resources can help.

HCTC—The Health Coverage Tax Credit Program	
www.irs.gov and search for "HCTC"	Customer Contact Center: 1-866-628-HCTC (4282) For those with a hearing impairment, call 1-866-626-4282 (TTY)

IRS—Internal Revenue Service	
www.irs.gov	1-800-829-1040

PBGC—Pension Benefit Guaranty Corporation	
www.pbgc.gov	1-800-400-7242

NEG—National Emergency Grant Bridge Program	
www.dol.gov and search for "National Emergency Grant"	1-877-US-2JOBS or 1-877-872-5627

TAA—Trade Adjustment Assistance and ATAA/RTAA—Alternative/Reemployment TAA	
www.dol.gov *The Department of Labor (DOL) can give you the phone number and address of a local One-Stop Career Center or local unemployment office in your area.*	1-877-US-2JOBS or 1-877-872-5627

HCTC | *Stay covered.*

Health Coverage Tax Credit

www.irs.gov

Search for "HCTC"

HCTC Customer Contact Center:
1-866-628-HCTC (4282)

Hearing Impaired:
1-866-626-4282 (TTY)

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